

STATEMENT OF EARNINGS

In order to determine your eligibility for the Unemployed Parent Program, you must list your gross monthly earnings of both you and the other parent in the household for the past 6 months beginning the month prior to application.

FATHER

MOTHER

Name: _____

Name: _____

Year	Month	Earnings	Employer	Year	Month	Earnings	Employer
	DEC				DEC		
C	NOV			C	NOV		
U	OCT			U	OCT		
R	SEPT			R	SEPT		
R	AUG			R	AUG		
E	JULY			E	JULY		
N	JUNE			N	JUNE		
T	MAY			T	MAY		
	APRIL				APRIL		
Y	MARCH			Y	MARCH		
R	FEB			R	FEB		
	JAN				JAN		

	DEC				DEC		
P	NOV			P	NOV		
A	OCT			A	OCT		
S	SEPT			S	SEPT		
T	AUG			T	AUG		
	JULY				JULY		
Y	JUNE			Y	JUNE		
E	MAY			E	MAY		
A	APRIL			A	APRIL		
R	MARCH			R	MARCH		
	FEB				FEB		
	JAN				JAN		

UPP Applicant Signature_____
Date